								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								RD / / / / / /					
Effective October 1, 2003									OB 46	-/0	NY		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS			73			· -  -		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			73 minus 20=		• 53			X\$ 9=	= 477	OR	X\$18=		
INDEPENDENT CLAIMS			9 minus 3 = *			_		X43=	= 7	OR	X86=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=	_   00	1	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								IOIA	- 1120	JOH	OTHER	THAN	
	(Column 1) (Column 2) (Column							SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**.		=		X\$ 9=	:	OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPEN				CLAIM		1	4.45			. 200-		
							L	+145= TOTA		OR	+290=		
	(Only 4)							ADDIT. FE		OR	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Colum		(Column 3)	lr		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>	. 1 45			. 200-		
				•	ŧ		L	+145=		OR	+290= TOTAL		
							A	ADDIT. FE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	ı <u>-</u>					-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	٠.	= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-		-				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		ber Previously Paid					r four	nd in the a	appropriate bo	x in col	umn 1.		